

BEST AVAILABLE COPY

CLAIMS ONLY								SERIAL NO. <div style="font-size: 1.2em; font-family: cursive;">09810927</div>	FILING DATE				
								APPLICANT(S)					
CLAIMS													
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1													
2													
3													
4		3					3						
5		3					3						
6		3					3						
7	1					1							
8		1					1						
9												3	
10		3					3					3	
11		3					3					3	
12		3					3					3	
13		3					3					3	
14		3					3					3	
15		3					3					3	
16		3					3					3	
17		3					3					3	
18	1												
19													
20	1												
21		3					3						
22		2					2						
23		2					2						
24		2					2						
25		2					2						
26		2					2						
27		2					2						
28		1					1						
29	1												
30		3					3						
31		3					3						
32	1												
33		3					3						
34	1												
35													
36													
37													
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40													
41													
42													
43													
44													
45	1												
46													
47													
48													
49		3					3						
50	1												
51		3					3						
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61		3					3					3	
62		3					3					3	
63		3					3					3	
64		3					3					3	
65		3					3					3	
66		1					1					1	
67		3					3					3	
68		3					3					3	
69		3					3					3	
70	1												
71		3					3					3	
72		3					3					3	
73		3					3					3	
74	1												
75													
76													
77													
78		2					2					2	
79		2					2					2	
80	1												
81													
82													
83	1												
84	1												
85		3					3					3	
86		3					3					3	
87		3					3					3	
88		3					3					3	
89		3					3					3	
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.						8						17	
TOTAL DEP.						41						121	
TOTAL CLAIMS						49						144	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 89810927	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1							51						
10 2							52						
10 3							53						
10 4							54						
10 5							55						
10 6							56						
10 7							57						
10 8							58						
10 9							59						
10 10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20							70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
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33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.							TOTAL IND.						
TOTAL DEP.							TOTAL DEP.						
TOTAL CLAIMS							TOTAL CLAIMS						